

Form C-1 – PROPOSED BUDGET SUMMARY

Screening Application FY 04 Public Health Improvement Grants

Name of the Applicant: _____

Name of Project: _____

Complete the table below by listing the amount of funds required in each category and providing a brief description/justification of the expenditures.

| Cost Categories | TDH Funds Requested | Description of Planned Expenditures |
|--------------------|---------------------|-------------------------------------|
| Personnel | \$ | |
| Fringe Benefits | \$ | |
| Travel | \$ | |
| Equipment | \$ | |
| Supplies | \$ | |
| Contractual | \$ | |
| Other | \$ | |
| Total Direct Costs | \$ | |
| Indirect Costs | \$ | |
| Total | \$ | |

The Public Health Improvement Grant will allow up to 10% of salary expenses for indirect costs. Funds may not be used to pay for rent, utilities, renovations or construction.